DATE 2/15/2011
HB 416

Please join the coalition of Doctors and Citizens for Ethics, Safety and Quality in Medicine

THE HEALTH INTEGRITY PROJECT
WEDNESDAY, MAY 18, 3:00- 4:15 PM

Washington, DC
Main Congress Building, Room HC8

UNETHICAL BIG MEDICINE PEER REVIEWS GAG DOCTORS. DUE PROCESS SAVES LIVES AND BILLIONS OF DOLLARS.

"Of all the forms of inequality, injustice in health care is the most shocking and most inhumane." --The Reverend Martin Luther King, Jr. (1966).

AT STAKE: Billions of dollars and thousands of deaths documented
Ethical Medical decisions undermined by Bad Faith Peer Review (BFPR)

All over America today, Doctors' careers are being ended unfairly by colleagues and hospital administrators using Bad Faith Peer Review (BFPR). Under the guise of immunity provided to it by the Health Care Quality Improvement Act of 1986, Big Medicine uses BFPR to stifle competition and silence whistleblower doctors who push for high quality healthcare. This decreases quality and increases cost. HMOs, hospital owners, administrators, and physicians who sold their souls to them are the main culprits and benefiters. Everyone agrees that Doctors should be able to make independent decisions, yet that is not the case since Doctors are constantly threatened by the sword of BFPR. Most Peer Reviews of physicians have nothing to do with actual merit and are performed with bad faith. Thousands of cases have been documented, and this is now a more pressing issue than the malpractice crisis. Is the Hippocratic Oath dead? Does your Doctor work for you? Please attend our Forum; the answers are going to surprise you.

THE COALITION FOR HEALTH INTEGRITY

Several Republican and Democratic members of Congress - Government Accountability Project - Semmelweis Society International - Taxpayers Against Fraud - Congressional Black Caucus - Gandhi Institute for Nonviolence - Ethics in Government Group - Health Integrity Project - The American Medical Students Association - The Center for Peer Review Justice – The American Association of Physicians and Surgeons –National Medical Association Council on Clinical Practice - The American Association of University Professors - National Alliance Against Racists and Political Oppression - Concerned Black Clergy of Atlanta - Integrity International - Grady Trustee William Loughrey - Former Congressman Bob Barr - Bioethicist Art Caplan - Patch Adams - Henry Scammell, author of "Giantkillders" - Common Cause - ***Larry Poliner, MD - recently awarded $366 million by a Dallas federal jury for BFPR.***

PROGRAM AND SPEAKERS

SENATE KEYNOTE SPEAKER (to be announced)
1) Dr. Bill Hinnant - President of Semmelweis Society International
2) Dr. Don Soeken - President of Integrity International
3) Dr. Jeffrey Wigand - "The Insider"
4) Tom Devine - Government Accountability Project
5) Ron Marshall - The Grady Coalition
6) Dr. James Tate - National Medical Association
7) Dr. George Holmes – American Association of University Professors

Peer review is part of a system intended to protect patients. If this has been warped, patients are at risk. We ask to improve medicine without spending a dime. That is hard to beat with a stick.

More information can be found at http://www.semmelweis.org/ and http://www.semmelweissociety.net

SEMMELWEIS SOCIETY MISSION STATEMENT

The mission of the Semmelweis Society is to improve the quality of medical care in the United States through assisting physicians who have been subjected to malicious and improper (sham) peer-review. In many cases, these physicians are not only the most talented but the most concerned with quality patient care. Proper peer review is an essential system intended to protect patients. If peer review is conducted in bad faith, patients and the public at large are defrauded and left defenseless. Many documented cases of bad faith peer review have been shown to greatly harm the public interest. The Semmelweis Society was formed to alert the public, the health care environment, professional societies, academic institutions, government elected officers and Congress, to the enormous threat that bad faith peer review poses. Semmelweis uses the media, professional societies, government, and legal initiatives to end bad-faith peer review and support integrity.

VISION

Semmelweis Society supports cost-effective strategies to support integrity, high standards and credibility in medicine. Semmelweis Society is a concerned group of doctors, lawyers and other professionals that is growing rapidly and partnering with other public interest groups and professional societies that demand integrity and support due process for doctors.

Key Evidence: Peer review initiated for Economic retaliation >70% of time.

In the book "Health care crisis-the search for answers", by John H. Fielder, Ph D, edited by Bruce Jennings, MA, David Orentlicher, MD, JD, and Marvin Dewar, MD, JD., Fielder estimated, in the chapter entitled "Abusive peer review, health care reform", that peer review was initiated for economic reasons as much as 70% of the time. He felt the hospital bylaws are fatally deficient in due process and fail to protect doctors who are falsely accused. Hospitals are not democratic institutions and it is difficult many times to improve quality without frequently confronting entrenched political and financial interests and putting your career in jeopardy.

Other sources place the rate of retaliatory peer review as much higher. Attorney Kevin J. Mirch of Nevada places the rate of bogus peer review at higher than 90%. Evidence compiled by multiple attorneys in the Poliner case agrees that the level of bogus peer review is in that range.

Doctors and lawyers who work in this area are impressed that the rate of wrongful bad faith peer review is very high, regardless of exactly how high it is.

Verner Waite, MD, FACS, founder of the Semmelweis Society, personally reviewed more than 1000 cases of physician peer-review, and determined that at least 80% (and probably 90%) of peer reviews are performed in bad faith, for economic or other reasons.

At present, no standards or definitions exist to guide objective peer review. In the absence of verified standards, it is hard to argue that any peer review can be done objectively under the current circumstances.

Peer review is at present the death sentence for a doctor's career. With the best evidence that unmerited peer review is in the range of 70- 90% by the most knowledgeable sources in the country, it appears that a moratorium is urgently needed while objective measures and procedures with due process can be put in place.

False evidence has been shown to be used at these reviews with alarming frequency. In one case, a peer review was actually forged. No patient can be protected by such mendacity. These reviews are counterproductive and lead to poorer patient outcomes.

It may be that continuous quality improvement will offer a means by which safety, quality and integrity may be guaranteed more effectively.

John B. Payne, DO and James Murtagh, Jr. MD.

THE CRISIS OF BAD FAITH PEER REVIEW
BAD FAITH PUTS THE PUBLIC AT RISK
PROTECTION LACKING AGAINST BAD FAITH PEER REVIEW
SPECIFIC AIMS, TO CONTROL BAD FAITH PEER REVIEW

- **Recent surveys show that 80% of current peer review is "bad faith peer review"**
  1. Bad faith peer review occurs when review committees are composed of non-peers, committees destroy or alter evidence, refuse to accept relevant evidence, solicit perjured statements, and come to conclusions opposite to what evidence shows.
  2. Major purposes of bad faith peer review are to decrease competition from better doctors, hide safety violations, hide malpractice (review those reporting malpractice, and remove them), hide fraud (review those reporting possible fraud, and remove them).

- **Bad faith peer review is a major current harm to the public.**
  1. Decreased safety leads to frequent prolonged illnesses and deaths.
  2. 17% of the US GNP is now devoted to healthcare. Big Medicine uses bad faith peer review to hide corruption with major costs. Cases in Dallas, Tennessee, and in Atlanta show that billions of dollars and potentially thousands of lives are at risk.
  3. Some of the most ethical and competent physicians are driven out of the practice of medicine.

- **Failure of current watchdogs**
  1. JCAHO refuses to enforce regulations, when serious, repeated violations are brought to their attention.
  2. HHS does not use effective authority to enforce appropriate regulations on peer review.

- **What can be done**
  1. Remove current ability of hospitals to claim "unlimited immunity," including when mendacity or intent to defraud is demonstrated. Witnesses who testify in good faith should have qualified immunity, as is common in legal and administrative forums.
  2. Empower HHS to decertify JCAHO if that organization refuses to enforce proper peer review rules. Replace JCAHO by a government regulatory body if JCAHO fails to work by a short, reasonable deadline.
  3. Provide for ability of HHS to cut off federal funds to hospitals that engage in bad faith peer review
  4. Define due process for doctors in a manner analogous to that current for other professionals in law, airline pilots and police.
  5. Provide for public scrutiny of the peer review process itself, when requested by the individual being reviewed.
  6. Provide for appeal to a public body, such as a court, to hear cases *de novo*. This will allow establishment of bad faith peer review on which HHS could operate for its enforcement role.
  7. Adopt KEVIN'S LAW: No doctor, medical student or hospital worker should be harmed for standing up for a patient.

BAD-FAITH PEER-REVIEW

WHY 100,000 PEOPLE DIE EVERY YEAR FROM MEDICAL ERRORS

Peer review is part of a system to protect patients. If this has been warped, patients are at risk. We ask to improve medicine without spending a dime. That is hard to beat with a stick.

Peer review is the process by which physicians evaluate the competence and professionalism of their colleagues to determine whether a physician should be granted hospital privileges and determine the extent of those. To further this mission without fear of litigation, almost all states have enacted laws that grant immunity from liability to members of peer review bodies and to the hospitals they belong to. They also made the proceedings and records of the peer review process privileged and confidential from discovery in civil proceedings. The purpose is to encourage physicians and hospitals to further the quality of health care without fear of retaliation by the reviewed physicians.

In 1986, congress enacted the Health Care Quality Improvement Act (HCQIA), a federal law that provides protection from liability to healthcare institutions and physicians involved in peer review, as long as certain conditions are met during the peer review process. The law also established the National Practitioner Data Bank, a repository of actions taken against physicians, to which healthcare institutions must report those actions. The purpose was to prevent incompetent physicians from moving between states without being detected. An entry against a physician in the Data Bank can be equivalent to a death sentence, since it makes it very difficult for a physician to obtain privileges at any other hospital, because the latter verify applicants' credentials with the Bank prior to granting or renewing privileges. The physicians are often left with no choice but to abandon their profession and obtain unrelated jobs. **Even if exonerated later by a State peer review board, a doctor exposed to bad-faith peer-review is likely to lose his career.**

Since HCQIA went into effect in 1989, thousands of adverse reports have been filed with the Data Bank. Unfortunately, a large number of the actions reported have been taken maliciously by hospitals and their Medical Staff against the physicians subjects of the peer review. The motives are usually anti-competitive in nature, but also include retaliation against whistleblowers, personal spite, and even disputes over a parking space. This process has been dubbed sham peer review, has now become a powerful weapon in the hands of hospitals and those physicians who hold the political power in hospitals, and is being misused nationwide. Many lawsuits against the perpetrators have been filed by the victims, but very few of them survived summary judgment because of the immunity provided by HCQIA and because the conditions that need to be fulfilled for a peer review to be considered adequate; as defined by HCQIA, are very vague and subject to (different) interpretation by the Courts.

The recent award of $366 million to a physician by a Federal Jury in Texas for a single bad-faith peer-review highlights that this practice is adding tremendous cost to healthcare. http://www.ama-assn.org/amednews/2004/10/04/prsd1004.htm

The recent use of bad-faith peer-review as an instrument to further widespread political corruption in Georgia shows the destructive nature of bad-faith peer-review, and the potential terrible consequences on the public.
http://www.geocities.com/ron_marshall21/DFOG.RTF
Georgia Senator Charles Walker has been indicted on 142 felony counts for stealing from Georgia hospitals. His scheme used bad-faith peer review to silence any staff member who spoke out. District Attorney Paul Howard covered up. The effects of this corruption on Georgia are widespread.

No one can seriously believe that bad-faith peer review affects only doctors. All of society is badly harmed when huge hospitals rip off the public, silence their doctors, impair medical care and essentially destroy the system designed to protect patients. Verner Waite, MD, FACS, founder of the Semmelweis Society, personally reviewed more than 1000 cases of physician peer-review, and determined that at least 80% (and probably 90%) of peer reviews are performed in bad faith, for economic or other reasons.

"Jealousy is the main driving force behind bad-faith peer review" says Waite.

His is the most comprehensive review currently known. Upon review of these cases, the officers of Semmelweis Society International find that due process in peer review is the exception, rather than the rule. It is rare to find any hospital that uniformly applies standards of peer review to the members of their hospital staff. As a result, thousands of physicians have lost their careers without any due process.

> **Bad-faith peer-review against one physician can silence hundreds of physicians and place physicians' livelihoods at extreme risk. It is estimated that 9 out of 10 physicians exposed to bad-faith peer-review never work again as physicians. It is also estimated that a substantial number of physicians exposed to bad-faith peer review commit suicide. Peer review is part of a system intended to protect patients. If this has been warped, patients are at risk. Thousands of deaths have been documented. Bad-faith peer-review is a greater challenge to the practice of ethical medicine than the malpractice crisis.**
>
> **One Justice on the Nevada Supreme Court noted that HCQIA can sometimes be used, "not to improve the quality of medical care, but to leave a doctor who was unfairly treated without any viable remedy." That Justice also stated: "basically as long as the hospitals provide procedural due process and state some minimal basis related to quality health care, *whether legitimate or not*, they are immune**

from liability, which *leaves the hospitals free to abuse the process for their own purposes.*"

Reviewers set up a double standard of covering up the real mistakes of their friends and exposing their politically vulnerable colleagues for non-substantial, flimsy, clinically insignificant, bogus and fabricated reasons. The basic concept that an elite group of physicians who depend on each other and the system for their bread and butter, will demonstrate enough courage to criticize and discipline other members of their elite group, is plain ludicrous. The main result of HCQIA has been to marginalize some of the most competent and most quality-concerned physicians, driving them out of practice or terminating their lives through suicide. At the same time, the medically incompetent, the advocates of continued poor-quality and the most financially driven are allowed to run our hospitals; all because the provisions of the Health Care Quality Improvement Act allow them to do so. And then we ask: why are 100,000 people dying every year from medical errors?

It's because behind the smoke screen of every one physician targeted by sham peer-review, there is a dozen physicians whose medical errors are quietly shoved under the rug! Therein lies the real source of threat to public health, as well as the injustice to those individual physicians who become sacrificial lambs.

In its landmark 1999 report on patient safety, "To Err is Human: Building a Safer Health System", the Institute of Medicine (IOM) recommended the expanded use of reporting systems to analyze and reduce errors in the health care system. The IOM recognized that reporting systems will not achieve their full potential to foster learning about errors and their prevention without "a more conducive legal environment" in which health care professionals can report errors without increasing the threat of litigation. The IOM failed to add: "and the threat of retaliation".

Effective medical peer review is (or rather can be) the ultimate protector of public health! However, in its current secretive form, it invites abuse. There is much reason, as elucidated above, to believe that peer review is practiced more in its corrupt form rather than for its original established purpose. The situation with medicine today is reminiscent of the days when scientists of cigarette companies did their own research and declared that cigarettes did not cause cancer!

Dr. Charles Silver of Dallas, TX, has said that the "noble Act" (HCQIA of 1986) originally intended to monitor problem physicians, has gone totally in the opposite direction and, in many cases, decimated fine careers. Dr. Gerald Moss wrote in The American Journal of Surgery in 1994: Our better (usually younger) surgeons increasingly are placed in jeopardy by the unchecked ignorance and/or malice of their established colleagues. The state of Pennsylvania recently passed the MCARE law, Medical Care Availability and Reduction of Error Act; where each hospital is to have a public safety committee in which all serious events are to be reported. What is truly alarming, disturbing and a fundamental negation of the tenets of peer review is the "Whistle-Blower" protection which states that if an individual feels the hospital is not addressing

serious quality concerns, then that person should report his concerns directly to the State public safety committee. By establishing this, the state has formally acknowledged that hospitals and physicians have self-protective motives: this implies that too many times the present peer review system is ineffective and incapable of functioning and achieving the ends for which it was developed.

Gilbert Omenn M.D., Ph.D., professor of Medicine, Human Genetics and Public Health at the University of Michigan and chair of the Institute of Medicine's committee on enhancing federal health care quality programs stated:

> **"the federal government has a responsibility to provide leadership in addressing the serious quality of care and safety concerns confronting our nation."**

Interestingly, he doesn't mention the AMA, the AOA and the hospital peer review systems as vital, productive, and dynamic participants of a new movement aimed at improving quality health care.

Many voices have condemned this abuse of the system and have called for reforms of the HCQIA to no avail. The most prominent of those are the Semmelweis Society International, the American Association of Physicians and Surgeons and the Center for Peer Review Justice. Last October, both the Pennsylvania Medical Society and the Association of American Physicians and Surgeons have separately passed resolutions to investigate bad-faith peer-review. The two physician groups said they plan to independently look into the misuse of hospital peer review proceedings as a way to retaliate against doctors who advocate too loudly or too persistently for better patient care. In both cases, the resolutions were passed by acclamation.
http://www.aapsonline.org/resolutions/2004-1.htm

The resolution of the Pennsylvania Medical Society calls on the medical society to "explore all aspects of sham (bad faith) peer review and explore ways to prevent the misuse of peer review" including looking into "applicable laws and steps that can be taken to protect physicians' rights to advocate for quality patient care." At least two other state medical associations, in Oregon and California, have said they're looking into the issue as well.

WHAT ABOUT OVERSIGHT?

Medical State Boards' Inaction and Bad Faith Actions

State Boards of Medicine have uniformly refused to consider bad-faith peer review a breach of the ethics of Medicine for reasons that are known to everyone. Physicians who participate in bad-faith peer-review are usually friends of the Hospital administrators, who in turn are friends of the State Governor, the Secretary of Health, or the Executive Director of the Board of Medicine. The Boards usually use excuses such as "this is not

within our jurisdiction" or "we do not find clear and convincing evidence that there was a breach of the laws governing the healing arts".
In counterpart, the disciplinary actions taken by the same Boards against the "small" physicians who are not "well connected", are often arbitrary and do not rely on any common sense. A physician who takes out the wrong lung may be penalized half the sum of that imposed on a physician who fails to turn over a medical record in a timely fashion. Few Medical Boards, if any, have any written Standards of Ethics. Board members and the State Attorney (usually acting as the prosecutor at Board hearings) use their own standards, dictated by their own discretion. They may or may not cite AMA's or another organization's standards, although they are not binding to anyone who is not a member of those organizations. In the Boards' sound discretion, bad-faith peer review is not a breach of the ethics of medicine, yet trivial acts can result in a reprimand or a suspension. For instance, a Board may suspend a licensee for failing to honor a check for 10$, because there is a written law that allows the Board to do so, although the law says: *may* suspend, not *should* suspend. So in the judgment of the Director of the Department of Health, the licensee should be suspended, but the same Director does not consider BFPR unethical.

As an example, we relate the story of a neurosurgeon from Colorado:
"In September 2000, I was summarily suspended from a hospital based on 3 cases, without any peer review. The hospital notified the Colorado Board of the suspension before hearing my appeal of this suspension. The hospital/state-wide panel of their 4 chosen doctors exonerated me in March 2001, and found nothing wrong with my care in any case. Yet In May, 2001, the Colorado Board of Medical Examiners sent me to the Attorney General for "discipline" in two of those cases. I was charged in November 2002 and was offered a "deal" which I would not accept. The other hospital system (where I had worked for 27 years without any bad case) added their suspension. I went through a hearing in October, 2003, with the Administrative Law Judge's results accepted by the Board. Her decision is filled with misunderstandings and ignorance of all of my expert neurosurgeons who affirmed that my care was correct. She even stated that my specialty was "neurology" in her decision. The Board's only neurosurgical witness, from out of state, perjured himself by falsely claiming to be the residency program director, and also gave testimony which would seem absurd to a neurosurgeon. My long list of "exceptions" to the ruling, pointing out errors of fact and medical testimony, was ignored by the Board. My license was revoked in May, 2004; I am in the appeals process. The Board knew (1) that one of my patients was killed by the ICU nurse overdosing my patient with morphine and leaving him unattended off the respirator (I did not know this at the time of hearing, as I was a testifying non-party to the malpractice suit in progress); (2) that their witness committed perjury; (3) that the Board hid many items from me, including my statistics relative to other neurosurgeons, my scheduling of a patient for surgery, hospital regulations, and about 20 of my letters to the hospitals in which I had criticized bad nursing (some with significant injury to my patients), lack of equipment, and the illegal transfer of a 22- month-old girl with a spine fracture which resulted in her paralysis. The hospitals presented fraudulent records, some of which were exposed during the hearing. Their actions have smeared my good reputation and left me without money or lawyer or a job. My 18 years of education to

become a neurosurgeon, nearly 30 years of fine practice with thousands of good operations, and my special personal care for my patients, has been trampled by this bad faith process. There is no neurosurgeon, neurologist, orthopedic or plastic surgeon on the Colorado Board. The Board is either intentionally or inadvertently covering up the bad care in the hospitals which I have been trying to expose."

The latest example of Board inaction is the case of a physician in Virginia whose appointment to the Medical Staff of a hospital was revoked after a sham review. The physician filed complaints with the Virginia Board of Medicine against three physicians involved in the review alleging that they, along with the President of the Hospital and other individuals, acted with bad faith, malice, ill will and evil intent in suspending his clinical privileges and in revoking his appointment to the Medical Staff, that they denied him due process through intimidation, threats, manipulation, harassment, failure to investigate, concealment of evidence, rigging of reports, fabrication of charges, fabrication of evidence, inhibition of his freedom of speech, holding a kangaroo-court type hearing, carrying a fictitious appeal process and exercising intimidation on another physician to sign a rigged report. He also alleged that the President of the Hospital filed fraudulent reports with the Virginia Board of Medicine and with the National Practitioner Data Bank, that several individuals provided false testimony under oath before a notary public at the hearing on the charges against him, which is a class 5 felony in Virginia, and that the revocation of his appointment involved criminal action under the Virginia Business Conspiracy Act as several individuals combined with each other and with the physician's former employer to terminate his appointment to the Medical Staff maliciously *(sic)*. The response of the Virginia Board of Medicine and the Executive Director of the Department of Health Professions, after an investigation that did not go beyond reading the physician's written complaint, was that there was no "clear and convincing" evidence that the above actions constituted a breach of the law or the ethics of Medicine. At the same time, the Department of Health Professions was busy suspending the license of an occupational therapist for failing to honor a check for 10 dollars.
http://www.dhp.virginia.gov/Notices/Medicine/0119002161/0119002161Order11222004.pdf
The physician even went on to accuse the Board of Medicine of covering up for those individuals because they are well connected to certain members of the Department of Health. The Board of Medicine did not deny it in its response, and the Virginia Secretary of Health declined to answer his letter.

Reading material regarding board actions:

http://www.courts.state.va.us/opinions/opncavtx/0016022.txt
http://www.saccourt.com/courtrooms/trulings/d25archives/2004/Dec10D25-04CS00969.doc

In summary, the problem with peer review is that:

1) **It is performed in secrecy.**
2) **It is performed by one "person": the hospital, which acts as the prosecutor, the witness, the jury, the judge and the executioner.**
3) **The participants are granted substantial immunity.**
4) **The process can never be scrutinized in that anyone attempting to do so is shielded from the records by various state peer review protection acts.**

Physician Peer Review is the only instance in jurisprudence of any kind wherein those who have the most to gain actually decide the fate of the accused and a conflict of interest is excused. The process, in its present form, is dysfunctional, and tantamount to counterproductive tampering.

SINCE THERE IS NO EVIDENCE TO SUGGEST THAT PEER REVIEW IMPROVES THE QUALITY OF MEDICAL CARE, AND SINCE, IN FACT, THERE IS STRONG EVIDENCE THAT MOST PEER REVIEWS ARE DONE IN BAD FAITH TO ELIMINATE COMPETITION, SILENCE WHISTLE BLOWERS, AND DISCRIMINATE AGAINST PHYSICIANS ON THE BASIS OF RELIGION, SEX, RACE, COLOR OR ORIGIN, DECREASING OPTIONS FOR PATIENTS, DIMINISHING THE QUALITY OF CARE, DECREASING DIVERSITY IN MEDICINE, INCREASING PROFIT AND INCREASING COST, THUS LEADING TO THE LOSS OF MANY LIVES AND BILLIONS OF DOLLARS, THE COALITION FOR HEALTH INTEGRITY ASKS THE U.S. CONGRESS TO TAKE ACTION TO END BAD-FAITH PEER REVIEW AND ENSURE THAT PEER REVIEW IS PERFORMED IN WAYS THAT FURTHER THE NOBLE GOAL FOR WHICH IT WAS CREATED.

HEALTH PREPARADNESS IS VITAL TO NATIONAL SECURITY, AND THIS IS A CLEAR AND PRESENT DANGER TO THE COUNTRY. GOOD FAITH IN MEDICINE SAVES LIVES; GOOD FAITH IN MEDICINE SAVES BILLIONS.

The Coalition for Health Integrity suggests the following remedies to Congress.

1) Issue a resolution denouncing the practice of Bad-Faith Peer-Review and declaring it a primordial issue that seriously jeopardizes the quality of health care in the United States.
2) Take measures to enforce existing regulations, including JCAHO rules requiring due process in peer review. We are not asking for anything special for doctors, we are just asking for what all professions provide in their review process. JCAHO has been documented not to enforce their regulations and Congressman Stark points out that JCAHO is not doing its job. We also suggest that HHS cut off funds to any hospital not following existing regulations.
3) Clearly declare immunity in peer review as qualified, as the Supreme Court of Connecticut recently did, preempting any existing State law that states otherwise.

4) Clearly bar any secrecy behind peer review proceedings to deter wrongdoers, allow the accused to face their accuser, be informed of the charges, and defend themselves.
5) Enact Kevin's law (principle): "No doctor or student or healthcare worker should be harmed for standing up for patients." Kevin is a Medical Student who was recently dismissed from Medical School in retaliation for a letter he wrote about the poor quality of health care at Grady Hospital in Atlanta.

The best way to improve medical care is "Continuous Quality Improvement" CQI. Most doctors want to improve their practice. Hospitals that continuously monitor the quality of care and practice have been shown to improve care. This is the real solution. We ask for your help in protecting the public by restoring good faith peer review.

Peer review is part of a system to protect patients. If this has been warped, patients are at risk.. We ask to improve medicine without spending a dime. That is hard to beat with a stick.